

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036405

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primarily Registration District No.

1003

Registrar's No.

8911

STATE FILE NUMBER

FILED SEP 24 1962

## 1. PLACE OF DEATH

a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis, Mo.Length of stay in lb  
7 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Stoddard

c. CITY OR TOWN Dexter

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Louis Little Rock Hosp. Inc.Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Highway 60 Y.

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Robert

Middle

Arlie

Last

Lawson

4. DATE OF DEATH

Month

Sept. 13

Day

1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-14-18959. AGE (last birthday)  
67IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Section Laborer10b. KIND OF BUSINESS OR INDUSTRY  
Railroad11. BIRTHPLACE (City and state or country)  
Acorn Ridge, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.

## 13a. FATHER'S NAME

Joe William Lawson

## 13b. MOTHER'S MAIDEN NAME

Alice Howard

## 14. NAME OF HUSBAND OR WIFE

Effie Lawson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Effie Lawson, Dexter, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY:

Cardiac Failure

INTERVAL BETWEEN  
ONSET AND DEATH

IMMEDIATE CAUSE (a)

DUE TO (b) Arteriosclerotic Heart Disease

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coromary Thrombosis- Old 1955

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 6, 1962, to Sept. 13, 1962 and last saw him alive on Sept. 12, 1962

Death occurred at 3:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.

22c. DATE SIGNED

9-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-16-62

23c. NAME OF CEMETERY OR CREMATORY

Dexter Cemetery

23d. LOCATION (City, town, or county)

Dexter, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins &amp; Sons, Dexter, Missouri

25. DATE RECD. BY LOCAL REG.

SEP 14 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1

3

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12 69-0

13

69

OCT 16 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Robert M. Murray*

Licensed Embalmer No. 3749

P. O. Address At Leesville, Mo

\* Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting. —

If this body is not embalmed, fact should be so stated above.